[Mr. M. Nilakanda Pillai.]

MR. I. C. CHACKO: I said that the electrical expert had expressed his willingness to accept a Government appointment.

MR. G. PARAMESVARAN PILLAI: I should like to know whether there is any intention on the part of the Government to accept his services.

PRESIDENT: If you want an explanation in the matter, I may say that the matter is under the consideration of Government.

MR. G. PARAMESVARAN PILLAI: Then I do not wish to press the motion.

The motion was, by leave, withdrawn.

PRESIDENT: The question is that a grant of Rs. 1·58 lakhs be made to the Government under Demand XVI—Industries.

The motion was carried and the grant made.

Demand XVII—Medical.

DEWAN BAHADUR Dr. P. N. LAKSHMANAN: Sir, I beg to move that a grant of Rs. 5.20 lakhs be made under Demand XVII—Medical.

***Motion* 141.**

MR. M. NILAKANDA PILLAI: Sir, I beg to make the following motion:

144. To reduce the total allotment of Rs. 5.20 lakhs under Demand XVII by Rs. 1,000.

In moving for a reduction of Rs. 1,000 from the budget allotment of the Medical Department, I beg that it may be clearly understood that I have not the remotest idea of suggesting anything calculated to restrict the scope and usefulness of that department. On the other hand, it is my earnest wish to see that that department is expanded and improved as far as the resources of the State will permit.

In the following remarks, I propose to prove to the Council that there is a considerable waste of public funds in the administration of the Medical Department. The waste is so palpable, flagrant and pronounced that even he who runs may read it.

The first prominent item of waste is observed under travelling allowances. The Darbar Physician is not governed by the fundamental rules of the T. S. R. as regards the routes adopted by him and the conveyances utilised. I do not understand why he is exempted from the general rules of the T. S. R. in the matter of travelling allowance.

There has been increase in the travelling allowances drawn by the medical subordinates during the last three years. The Government Gazette notifies the transfers of numerous medical officers, and the history of the services of medical officers has its own tale to tell in

LIBRARY ARCHIVES Kerala Legislative Assembly

respect of these frequent and unnecessary transfers. Instances there are of medical officers being moved from place to place, about nine times in the course of a year. Examples are numerous of medical men being transferred from one end of the country to the other and a careful analysis of their transfers will clearly show that these transfers are ordered without the least sympathy or compunction for the tax-payer, to whose heavy burdens these transfers contribute their share. During the last three years the expenditure under travelling allowances has considerably increased. The medical subordinates who happen to come under the ban of the Darbar Physician's displeasure are spirited away to distant places and the punishment meted out to them is virtually a fine on the tax-payer. The displeasure of the Darbar Physician might be the cause of the transfers, but the tax-payer has to find the wherewithal to appease his anger.

PRESIDENT: May I draw your attention to a rule in the Standing Orders according to which, what you say may amount to a defamation of the present Darbar Physician. I do not think that defamatory statements can be allowed to be made.?

MR. M. NILAKANDA PILLAI: Sir, if what I have said amounts to defamation, I withdraw it with an apology. I simply wanted to bring to notice the frequent transfers of medical officers.

PRESIDENT: You were saying that these frequent transfers were due to the displeasure or dislike of the Darbar Physician towards certain officers. I think that it might amount to defamation.

MR. M. NILAKANDA PILLAI: I withdraw that statement, if it is so.

The root cause of this extravagance and waste of public funds in travelling allowances is to be found in the inordinate powers exercised by the Darbar Physician over his subordinates. He can transfer gazetted officers drawing Rs. 140 and below. While sub-assistant and assistant surgeons are frequently transferred, those medical officers whose transfer requires the sanction of the Government are very seldom disturbed. This is a proof that the excessive powers conferred on the Darbar Physician in respect of transfers are the sole cause of the waste of public funds under travelling allowances, and it would be in the public interests to restrict his powers of transfer of gazetted officers and bring him to the level of other heads of departments in this respect. In this connection, it may be borne in mind that the Darbar Physician is also a general practitioner competing with his subordinates for mastery in the field of private practice.

Another item of waste in the Medical Department lies in the purchase of European drugs. Waste representing thousands of rupees would be inevitable under the method adopted at present in regard to the purchase of these drugs. A forecast of a year's requirements based on various factors is made and the indent prepared and submitted to Government. Government, on their part, order these drugs from a reputed firm

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. M. Nilakanda Pillai.]

n Europe. Why should large sums be then expended again in the purchase of the same drugs locally? During the current year—I am subject to correction—drugs to the value of nearly Rs. 40,000 are said to have been purchased locally. In 1096, about Rs. 20,000 worth of European drugs were locally purchased. Patent medicines and scented soaps are also purchased in large quantities. The prices of drugs had gone high during the war, but pre-war conditions have now returned. Why should then the cost of European drugs go as high as Rs. 1,50,000 during the coming year? While in 1088 the department spent only Rs. 75,406 *plus* Rs. 950 for local purchases, in 1089 Rs. 51,097 was alone spent including Rs. 289. In 1091 the expenditure for the purchase of drugs was only Rs. 76,503 *plus* Rs. 98 for local purchases. In 1096 when the pre-war conditions had almost fully returned the cost of medicines rose up to a sum of Rs. 1,20,000. Why should the cost of medicines locally purchased rise from a few hundreds of rupees in 1091 to Rs. 20,000 in 1096 to Rs. 40,000 in 1097 and to almost an equivalent amount in the coming year?

Some firms pay discount while others do not. It will be interesting to know whether the firms from which drugs were locally purchased allowed discount or not. If they allowed discount, was it taken into account? If they did not pay discount, were the prices correspondingly cheap? Who certifies to the quality of drugs locally purchased? If there was increase in the cost of drugs, and if the poor were correspondingly benefited, I, for my part, would have been the last man to raise my little finger against it. What is noticeable all over the State and what is highly deplorable is that, side by side with this abnormal increase in the cost of drugs purchased, there is a cruel and lamentable dearth of ordinary medicines in the hospitals and dispensaries throughout the State. *Ergot*, a drug indispensable for women after confinement, is very often out of stock in the local Women and Children's Hospital, and it is a torture to see women, absolutely poor, walking about from shop to shop with slips of paper in their hands on which the name of the drug is written. Iodine, a drug in extensive and every-day use was out of stock in the same institution and it was only after repeated complaints that a supply of the same was given. The cry all over the State is that the medicines supplied are wholly inadequate, and with such a stupendous increase in expenditure under purchase of drugs, why should the cry of want of medicines be heard from one end of the country to the other? There is something dangerously rotten somewhere. Hospitals and dispensaries are not periodically inspected. Many institutions are not inspected even once in the course of a year. I am told that the Women and Children's Hospital has not been inspected during the last two years. The General Hospital is favoured with frequent visits when patients are examined and treatment prescribed by the Darbar Physician; and yet I am told this institution has remained uninspected in detail this year, and the usual report

LIBRARY ARCHIVES Kerala Legislative Assembly

not submitted to the Government. There is no organised system of control over the expenditure of drugs. There is waste, scandalous waste somewhere and it is quite possible that the medicines find their way to places outside the medical institutions. Unless a close and careful supervision and watch over the expenditure is exercised, there is bound to be waste. The cost of drugs expended at Trivandrum alone is said to be in excess of the cost of drugs supplied to other medical institutions in the State outside Trivandrum. For whom are the patent medicines and scented soaps purchased for a large amount?

Another item of waste is to be found in the purchase of milk for the sick in the hospitals. It might provoke a smile when I say that the milk consumed by the patients in the local hospitals is milked in a different continent--in far off Switzerland. This milk is not liked by a good many patients; but, if they reject the milk, they shall either drink it or starve, is the word of command from the head of the Medical Department. Is this not a scandalous waste of public funds and can this find any justification whatsoever? The agents of companies go about and solicit orders. What is called "ideal milk" is purchased and supplied to the sick, who complain against its taste and throw it away, at what cost it is better imagined than described. If this state of things is allowed to go on, it is quite possible that one Darbar Physician might say that the broken rice *conjee* prescribed for patients should be prepared in Rangoon and the tax-payer should find the money.

Another item of waste is in the excessive number of medical officers. There is a plethora of medical men in the department; there are more medical men than there is work for. Compared with similar institutions in British India, the hospitals in this State are greatly overstaffed. There is no order of Government, so far as I am able to ascertain, fixing the minimum number of medical officers required for each institution. The number required for the State is arbitrarily fixed, being more than what is wanted in the department. They idle away their time and become unfit in course of time.

The Medical Code is the authority to which one usually turns for information, but the book now available for reference relates to things in the dim distant past and even the designations of medical officers given there are out of date.

Money is wasted in the award of scholarships to men deputed for higher studies, while there are men quite willing to acquire additional qualifications, higher distinction and new experience at their own cost. Those that stand in the good graces of the Darbar Physician are selected and sent over to Europe at the cost of the tax-payer. Two or three men were deputed for training at Government cost for specialising in X-ray, but they do other work and men with no special training do that work now.

If the head of the medical department is also a busy practitioner,

LIBRARY ARCHIVES Kerala Legislative Assembly

[Dewan Bahadur Dr. P. N. Lakshmanan.]

this waste of public funds cannot be avoided. A busy practitioner who has to break his rest and give up his sleep cannot have that patience and calmness of mind for attention to the details of departmental administration. A serious illness of an infant in a wealthy man's house will claim his attention in preference to departmental routine. I admit that there are hardly half a dozen men in the State service who can approach the Darbar Physician in point of professional reputation. But that is no argument for the position that a big and growing department should not have the full time and attention of one officer. He should either be an administrator or a practitioner; but he cannot be both. The money of the tax-payer cannot be wasted, because one officer will only do what he likes to do. Dr. Brockman, the celebrated eye-physician of Madras, never gave up his practice, but always rejected offers of promotion to administrative appointments.

With these words, I make this motion for reduction of allotment.

DEWAN BAHADUR DR. P. N. LAKSHMANAN: With reference to the allegation of waste of public money under travelling allowances to medical officers, I give below the reasons for the transfers. Summarised briefly from the list which I have, it will be seen that there were 70 transfers in the year, of which 34 were for relieving officers who had been granted leave or holidays, 6 were for filling up vacancies by deaths, retirement or long leave of officers who were not likely to return to their original station, 2 transfers were under orders of Government, 2 to temporarily fill up vacancies due to absence on illness, 2 to take charge till the permanent officer assumed charge, 10 for those who went on court duty involving an absence of two or more days, 3 in place of those who were sent for training, 7 for taking up independent charge of stations or as assistants to fill vacancies, 3 on special festival duty, and 1 for relieving an officer on special duty. It will be seen that all these transfers were not without sufficient reasons and they were due to the exigencies of service and nothing more.

As regards travelling allowance, I may say that it is not merely the allowance granted to these persons on account of transfers, which forms only a minor item. There are travelling allowances paid for factory inspection in the Peermade and Devicolam taluks amounting to over Rs. 1,000. Again, travelling allowances are paid to officers who go in camp with His Highness the Maha Raja, Her Highness the Senior Ranee or Her Highness the Junior Ranee, which also amount to over Rs 1,000. Travelling allowance for court duty consumes a very large share, nearly one-half of the allotment. Various kinds of contingencies arise from time to time necessitating travelling expenses and these cannot be forecasted. As regards the statement regarding the transfer of any medical subordinate owing to the dislike of the Darbar Physician, I must say that it is absolutely false.

LIBRARY ARCHIVES Kerala Legislative Assembly

PRESIDENT: That statement has been withdrawn.

DEWAN BAHADUR DR. P. N. LAKSHMANAN: Now, as regards the stores purchased to the extent of Rs. 40,000, the medical store-keeper reported to me about Edavam 1096 that Messrs. Ferris and Co. intimated that the home supply for 1097 was not likely to arrive before the close of 1096, and that, most of the ordinary drugs being out of stock, it was necessary that those should be got in time. I therefore wrote to the Dewan:

"I have the honor to inform you that there will be delay in the receipt of supply of medical stores from Europe ordered for 1097. If immediate steps are not taken to procure a small supply at least from India, many of the institutions will be left without medicines very shortly. I am therefore submitting herewith a list of medicines to be purchased immediately as per Article 117, paragraph 4, of the Account Code and request that Government will kindly accord early sanction for their purchase from India.

The approximate cost, including the transmission charges, is Rs. 40,000 (as computed by the store-keeper).

The expenditure may be met from the amount allotted in the budget under "Purchase of European Medicines and Instruments" for 1096".

As for the purchase of patent medicines and scented soaps, I am not responsible. But, nevertheless, I had to purchase the same. Any discount that was given by any manufacturer, chemist or shop-keeper, who had any dealing with the Darbar Physician, was credited to Government. They were in each case written to and asked to credit to the Government any discount they allowed for purchases.

As regards the dearth of medicines, this has still to be proved. There has never been any want of medicine in any hospital in 1097. We have got an abundance of medicines to be supplied for 1097.

Mr. Nilacanda Pillai says that *ergot*, an indispensable drug for women after confinement, is very often out of stock in the local Women and Children's Hospital. This is untrue and I challenge the statement. I am absolutely certain that that drug in that institution has not run out of stock.

I do not know what Mr. Nilacanda Pillai means by *inspection*. If by inspection is meant the weighing of drugs and medicines and checking them and looking into the registers, that is not inspection in the full sense of that term, though I do that also. After all, hospitals are meant primarily and mainly for relieving the suffering and curing the sick; and my inspection is with a view to know the quality of work and to determine whether medical subordinates are doing their professional work properly, for checking which I have devised ways and means. There are several instances in which I have checked and corrected by weighment and measuring and I am prepared to produce records to show that. Nevertheless, it ought to be known to the Council that inspection does not and should not consist mainly or wholly in weighing and measuring or examining records, books and registers to see if they are brought up to date. What we have to bear in mind is, just as you spoke in regard to the Inspector of Schools, that the inspecting officer's business is to inspire the teachers and see that they teach in the proper manner and on the

LIBRARY ARCHIVES Kerala Legislative Assembly

[Dewan Bahadur Dr. P. N. Lakshmanan.]

most modern methods and also to see to the maintenance of discipline. So, I in my inspections ought to see that medical men do their level best and keep themselves abreast of the advance of modern medicine for the benefit of their patients. That is my method of inspection. If I have not inspected the Women and Children's Hospital in the sense in which the member means it, I plead guilty. But it is the other way, and I believe I have done my duty.

As regards milk supply, I may say that I have addressed the Government on the subject. The milk supply in Trivandrum—or any other part of Travancore—is not at all satisfactory, because the cattle here are of a deteriorated sort; and even when imported from other places, they do not give us sufficient supply, as these animals deteriorate very rapidly. There was a correspondence from the Central Prison to ascertain how they could get on without milk, if they had to give up their dairy farm, as there was no grazing ground available and fodder was insufficient and the cattle were of poor quality, besides the risk of contamination and adulteration when handled by servants. This matter was referred to me by Government. The dairy farm arrangement was unsatisfactory. We could not get good milk, even though we spent about Rs. 3,000 for the purpose; and so I suggested the supply of "ideal milk" which is free from contamination. It has its own defects. But we preferred it because it is pure and its cost is as nearly as much as fresh cow's milk. The tin milk and milk of that kind are not drawn from the udder and supplied directly. They have this defect, *viz.*, that there is the absence of vitamine; we add lime juice or give lime to the patient to counteract this defect in a measure. In that way the Jail gets the supply of milk which costs a trifle more than what it would have to spend by keeping a dairy farm. I am not responsible for the introduction of "ideal milk" in the State. Nevertheless, I support it because it is always available, it is always pure and it is always handy, and because hospitals have to be given milk in bulk in very many places, and we cannot depend upon the milk supplied by milkmen in this ountry. I may tell you one little episode. On one occasion some years ago, the milk which was supplied to the General Hospital was shown to me when I was in charge, and suspecting it was adulterated, I examined it under the microscope and found that it contained starch granules. I took two samples of it and sent one to the Chemical Examiner, while I had the other with myself and reported the fact to the Darbar Physician. The milk-man then came to me and begged to be excused, and when asked what he had added to the milk he confessed that he had put in arrow-root flour and pleaded for pardon. But the Chemical Examiner in his report on the sample later on said that the milk was pure and unadulterated. I thought, therefore, that the supply of "ideal milk" would remove such defects.

As regards the plethora of medical men in the department, if the speaker would look into the budget, he would see the reduction that has

LIBRARY ARCHIVES Kerala Legislative Assembly

taken place. I have made certain recommendations to Government for retrenchment with a view to economy and efficiency and this I still recommend. The Salaries Committee have in the main adopted my recommendations.

As regards scholarships to students in England, the money spent on them is declared to be a waste. I hold it is not. In these days of rapid progress and advance of medical science, we want that the best men who are in the department, and whose ability and aptitude are already known, should be selected and sent to England to have them trained in certain branches of medical study, so that they may be more useful to the public. I challenge anybody to say that it is a wrong procedure to send up persons to the fountain source of scientific knowledge, theoretical and practical, to get equipped better. To pick up any man for study without knowing what his aptitude is for and then see him return a failure will be disastrous.

One more point, and that relates to the Darbar Physician's practice. As the name itself signifies he is Physician to the Darbar. I defy any one to say whether a man can be a Physician to the Darbar without keeping in touch with professional practice. It may be possible in any other department but not in the medical profession. If he is going to be anywhere near the place of a Darbar Physician where he has to be responsible for the health of the highest in the land, and also to be prepared to give help and advice to various professional people by way of consultation, he must be one who is prepared not only to study up-to-date methods and practice, but to keep himself abreast of the progress of applied scientific knowledge. It is only then that one can pronounce him as being fit for the place that is indicated by the term "Darbar Physician."

RAO BAHADUR K. A. KRISHNA AIYANGAR: I oppose the motion. After having heard the pronouncement of the Darbar Physician, I feel that there is no necessity for entering into any detail with reference to the serious allegations put forward by my friend, Mr. Nilakanda Pillai. With reference to internal matters, we have to accept as final the statement of the Darbar Physician, and this Council cannot afford to hold an independent enquiry as to the relative claims of the different courses suggested—one by the Darbar Physician and the other by my friend, Mr. Nilakanda Pillai. I think that the motion ought to be rejected.

MR. T. K. VELU PILLAI: I have known the mover for a long time; and I have also known the Darbar Physician for a very long time. I was really hesitating as to what I should say with regard to this motion, because I marked an air of uncompromising rigour and an absolute negation of give and take on the part of both the leaders of the discussion. But, Sir, my perplexity has been removed as I find that there is still some chance of a friendly and honourable settlement. The learned mover has

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. T. K. Velu Pillai.]

put forth his case—what he believes to be his case--with sincerity and straightforwardness. He has heard certain accusations made against the head of the medical department and he might have made his own investigations on the results of which he has based his conclusions. I am not prepared to question the good faith of the mover. But I must tell the House that I accept—unhesitatingly accept—the words spoken by the Darbar Physician in vindication of his position. As Mr. Krishna Aiyangar has pointed out, the duty of this Council at the present stage of discussion is to lay down general principles and see to their proper working. We may have occasion to look into details and discuss personalities. But when an important officer of Government, one of the members of this very Council, is prepared to give us a solemn assurance of particular facts within his personal knowledge, we have to rise to the full height of our dignity and accept his statement as the truth, the whole truth, and nothing but the truth. I hope Mr. Nilakanda Pillai will agree with me in this view of the case.

Regarding the liberty of the Darbar Physician to take up private practice, I am entirely at one with Dr. Lakshmanan. Speaking for myself, I should be very sorry to be deprived of the benefit of the best medical advice and assistance available in this State, and I believe the feelings of the other members of this House are not different from mine; I want Dr. Lakshmanan's services as much as Dr. Nilakanda Pillai's valuable professional assistance. The presumption is and should be that the Darbar Physician is the best and the ablest man in the medical department and I am glad to say that in this particular case the ordinary presumption is solidified and strengthened by our personal knowledge of his learning and experience. That being the case, I shall not be a willing party to subscribe to an unwise programme of depriving the people of this State of the possible use of Dr. Lakshmanan's skill as a physician and surgeon.

As to the question of milk supply, I have to mention a word. When we were discussing the questions connected with the agricultural department, the Director of Agriculture said that money was being spent in the Government dairy farm to the advantage of the people. Now, Sir, I understand that the milk available in that farm is being sold to persons who are in good positions in life. I am surely not for tabooing wealth and influence, but I do maintain that the needs of the patients in Government hospitals should be given a kind of preferential satisfaction. I take this opportunity to impress upon this House the necessity of advising the Government to pass orders to the effect that the whole quantity of milk in the Government dairy farm should be sent to the General Hospital. It is a matter of supreme importance relating to the health of His Highness' subjects.

LIBRARY ARCHIVES Kerala Legislative Assembly

As to the supply of medicines, I am sorry I cannot quite agree with the Darbar Physician, because I have myself very often seen people going about with chits in their hands from one druggist to another to buy such medicines as are not available in the hospitals. In practice, the whole stock supplied for the year to the various hospitals is spent within a few months, and it is not uncommon to find medical officers making illegitimate use of the quantity of valuable medicines entrusted to their keeping. I hope the Darbar Physician will correct this practice where it exists. It is a matter which the Darbar Physician has to investigate with great care. But I would once more say that, while free hospitals are maintained by the State, people who go to them should be given medicines free and they should not be made to purchase them at their own cost at every turn. As to the policy of awarding scholarships, I agree with the Darbar Physician that it is to the advantage of the State that the money available for scholarships should be spent on the proper person, whom the Darbar Physician and the Government should select. I do not think that the mover would himself object to the system of sending men for training in European countries, provided the selection is good. Sir, my office to-day is that of a peacemaker. Dr. M. Nilakanda Pillai follows homeopathy, one of the important branches of the profession of medicine. He is also responsible for the health of this town, because the Trivandrum municipality has returned him to this Council. The Darbar Physician is responsible not only for this town, but for the whole country. Here is an abiding fraternity and identity of interests between them. I would therefore earnestly request both of them to pull on amicably and to see that each is prepared to supplement the work of the other.

DR. N. KUNJAN PILLAI: I am perfectly willing to supply milk to all the hospitals in the town, provided the Council does not bring in motions for reduction of grant. As I had been telling you this morning, I have only a few cows, of which 50 per cent. will be dry and the remaining 50 per cent. will be hardly able to give a sufficient supply. When I begin to supply, it must be steady. Unless I increase the stock, I do not know whether I shall be able to supply.

MR. T. K. VELU PILLAI: Sir, I do not want the Director of Agriculture to supply all the milk necessary for hospitals; I only want him to supply all the available milk. And if any further quantity is wanted, the Darbar Physician will make his own arangements. That is not a point on which the Director of Agriculture need entertain any unnecessary apprehensions.

MR. P. K. NARAYANA PILLAI: Sir, I wish to offer a few observations. I may, to a considerable extent, associate myself with the views expressed by Mr. T. K. Velu Pillai. There is one aspect which stands out in the present controversy when we look at the history of the Darbar Physician's office. With respect to the former Darbar Physicians, it may almost be said that they were not much in the field of the actual practice of medicine. With the appointment of Dr. Lakshmanan as the Darbar Physician, the subordinates of the medical department found that they had a tough customer in their chief. In so

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. T. Kumara Pillai.]

far as a very clever and efficient practising physician and surgeon is put at the head of the department, naturally, as in the case of any other similar department, there cannot but be brought into existence in the subordinate officers a feeling of irritation, and when they get irritated, we can more or less believe, knowing as we do the turns of human nature, at how much pains they would be to circulate stories about the head of the department. In such a nefarious circulation of fiction, I fear some unfounded story received some credence at the hands of our honest and credulous friend. I am perfectly at one with Mr. T. K. Velu Pillai in saying that my friend, Mr. Nilakanda Pillai, is not actuated by anything but good motives, but at the same time, his simplicity of mind seems to have gone to the extent of credulity, and hence I think that he has put forward the motion that we are now discussing. After hearing Dr. Lakshmanan upon the points raised for discussion, I think that it would certainly be unseemly for us to discredit his statement. From the Darbar Physician we have got direct testimony. The mover is unable to furnish any direct evidence, in the absence of which the statement of the Darbar Physician has to be unconditionally accepted.

Then there is one other question that has been discussed, and that is the question of the supply of milk. So far as the tax-payer's point of of view about it is concerned, I am pretty much against the supply of imported milk. Dr. Kunjan Pillai has come to the rescue of the situation and we are really thankful to him. The importation of condensed milk seems to be expensive and should be objected to. I am sorry that some time in the past there existed a Chemical Examiner who could not make out the existence of dissolved arrow-root in milk. It is a pity that he was allowed to pocket all the allowance that the Government could give him. If there is going to be any such repetition of mischief in the shape of adulteration of milk, the matter may be brought to the notice of the Municipal Council and the Police Commissioner. I have been listening to Dr. Lakshmanan with considerable horror, for, in cases of murder, when blood-stains are expected to supply proof, one way or the other, the Chemical Examiner is requested to report on the presence or absence of blood on the articles sent up to him. If the examination conducted by the Chemical Examiner is of the kind alluded to by Dr. Lakshmanan, what reliance can be placed on his report in such cases of life and death? What amount of mischief might not have been committed by that particular Chemical Examiner whose activity has been brought to our notice by the Darbar Physician? I agree with the previous speakers upon the subject and think that the motion may be dropped.

MR. T. KUMARA PILLAI: Sir, മെഡിക്കൽ വകുപ്പിനെപ്പറ്റി മിസ്റ്റർ എം. നീലകണ്ഠപ്പിള്ള കൊണ്ടുവന്നിട്ടുള്ള പ്രമേയത്തെ ഞാൻ ഹാർമായി പിൻതാങ്ങുന്നു. ജനങ്ങളുടെ ആരോഗ്യസ്ഥിതിയെ പരിരക്ഷിക്കേണ്ടത് രാജ്യഭരണത്തിൽ ഏറ്റവും പ്രധാനമായിട്ടുള്ള ഒരു കടമയാണ്. രാജ്യത്തിന്റെ പൊതുമുതലിൽ നിന്നു പ്രധാനമായി

LIBRARY ARCHIVES Kerala Legislative Assembly

ലഭിക്കാൻ അവകാശമുള്ള ചിലവും ഈ സംഗതിക്കുതന്നെയാണ്. ഇവിടത്തെ വരവിൽനിന്നു സക്കാർ ആശുപത്രികൾക്ക് ആവശ്യത്തിൽപരം തുപാ ചിലവാക്കിവരുന്നു. എന്നിരുന്നിട്ടും ജനങ്ങൾക്കു തൃപ്തികരമായ വൈദ്യസഹായം കിട്ടിവരുന്നില്ലെന്നുള്ളത് സമ്മതിക്കാതെ തരമില്ല. ജനസംഖ്യ വർദ്ധിച്ചുവരുന്നതുപോലെ ആശുപത്രികളും രോഗികളുടെ എണ്ണവും വർദ്ധിച്ചുകാണുന്നില്ല. ഇതുകൊണ്ടു ജനങ്ങളുടെ ഇടയിൽ വൈദ്യസഹായത്തിന് ആവശ്യമില്ലാത്തവിധം അവരുടെ ആരോഗ്യസ്ഥിതി തൃപ്തികരമാണെന്നു പറവാൻ ആരും ധൈര്യപ്പെടുമെന്നു തോന്നുന്നില്ല. ഇപ്പോൾ സക്കാർ ആശുപത്രികളിൽ പണം ചിലവാക്കിവരുന്നതിനു തക്കവണ്ണം ജനങ്ങൾക്കു പ്രയോജനംകിട്ടാതെ വരുന്നതിനു പലേ കാരണങ്ങളുണ്ട്. മെഡിക്കൽസ്റ്റോഴ്സിൽ വരുത്തിവയ്ക്കുന്ന അപൂർവ്വമായും വിലകൂടിയതുമായ മരുന്നുകൾ ഡിസ്പെൻസറികളിലും ഡിസ്പെൻസറികളിലും അയയ്ക്കുന്നത് അപൂർവ്വവും ഏറ്റവും കുറവായിട്ടുമാണ്. അങ്ങനെ അയച്ചുകൊടുക്കുന്ന മരുന്നുകൾ തന്നെ പണക്കാർക്കും സ്വാധീനക്കാർക്കും മാത്രമേ ഇപ്പോൾ ഉപയോഗിച്ചു രക്ഷനേടാൻ സാധിക്കുന്നുള്ളൂ. അമിതമായ നികുതിഭാരങ്ങൾ വഹിക്കുന്നതും, രാജ്യത്തിന്റെ മുതലെടുപ്പിൽ പ്രധാനഭാഗം തരുന്നതും ഉൾനാട്ടിലെ ജനങ്ങളാണ്. ആ ജനങ്ങൾക്കു നല്ല മരുന്നും നല്ല ചികിത്സയും ഇല്ലെന്നുവരുന്നതു കഷ്ടമാണ്. ഡിസ്പെൻസറികളിലും ഡിസ്പെൻസറികളിലും അയയ്ക്കുന്ന മരുന്നുകളിൽ പലതും ആണ്ടവസാനത്തിനുമുമ്പുതന്നെ തീർന്നുപോകുന്നതും ആ കാലത്തു ചെല്ലുന്ന രോഗികൾ കൈവിലയ്ക്കു മരുന്നുകൾ വാങ്ങി ഉപയോഗിക്കയും അതിനു ശക്തിയില്ലാത്ത സാധുക്കൾക്കു മരുന്നുകൾ കിട്ടാതെവരികയും ചെയ്യുന്നതും സാധാരണമാണ്. ചില അവസരങ്ങളിൽ ജനറൽ ആശുപത്രിയിൽ പോകുന്ന രോഗികൾപോലും പലേ മരുന്നുകളും അവിടെയില്ലാതെ കൈവിലയ്ക്കു വാങ്ങി ഉപയോഗിക്കേണ്ടതായി വന്നിട്ടുള്ള വിവരം പലപ്പോഴും അറിയാവുന്നതാണ്. ഡർബാർഫിസിഷൻ പ്രൈവറ്റ്പ്രാക്റ്റീസ് വച്ചുകൊണ്ടിരിക്കയും, അദ്ദേഹത്തിന്റെ സക്കീട്ടുകളിൽ ചികിത്സചെയ്തു പ്രതിഫലം വാങ്ങിവരികയും ചെയ്യുന്നതുകൊണ്ടു പലേ ആശുപത്രികളിലും നല്ല ചികിത്സയും നല്ല മരുന്നും കിട്ടണമെങ്കിൽ രോഗികൾ പണം കൊടുക്കേണ്ടതായി വന്നിരിക്കുന്നു. ഈ സംഗതി കൌൺസിലിന്റെ ഗൌരവമായ ആലോചനയ്ക്കു വിഷയീകരിക്കേണ്ടതാണ്.

മെഡിക്കൽ ആഫീസറന്മാരുടെ വേതനംകൊടുത്തു വിദേശങ്ങളിൽ അയച്ചു പഠിപ്പിക്കുന്ന സമ്പ്രദായത്തെപ്പറ്റി ഈ അവസരത്തിൽ രണ്ടുവാക്കു പറയാതിരിപ്പാൻ നിവൃത്തിയില്ല. ഓരോ മെഡിക്കൽ ആഫീസറന്മാരും അവർക്കു പ്രത്യേകവാസനയും പരിശീലനവും സാമർത്ഥ്യവും ഉള്ള ചികിത്സകളെ പറ്റി എഴുതിഅയയ്ക്കണമെന്നു ഡാക്ടർ ലക്സ്ടൺ ഡർബാർഫിസിഷണായി ഭരണം കൈയേറ്റതുടനെ സക്കുലറുകൾ അയക്കയും അതിന് ഓരോരുത്തരും മറുപടികൾ അയയ്ക്കുകയും ചെയ്തിട്ടുണ്ട്. അങ്ങനെ കിട്ടീട്ടുള്ള റിപ്പോർട്ടുകളുടെ താരതമ്യവിവേചനം ചെയ്തിട്ടല്ല മെഡിക്കൽ ആഫീസറന്മാരെ തിരഞ്ഞെടുത്തു വിദേശങ്ങളിൽ പഠിക്കാൻ അയച്ചിട്ടുള്ളതു്. അങ്ങനെ അയച്ചിട്ടുള്ളവർ പരീക്ഷ ജയിച്ചുവും ഇല്ലെങ്കിലും മടങ്ങി എത്തുമ്പോൾ ഡിപ്യൂട്ടിസർജ്യൻസ് ആക്കി കയറ്റം ചെയ്യുകയാണ് ചെയ്യുന്നതു. മദ്രാസ് മെഡിക്കൽകോളേജിൽ പഠിച്ചു പരീക്ഷാവിജയികളായി വന്നു പ്രധാനമായ ശസ്ത്രക്രിയകളിലും ചികിത്സകളിലും ഖ്യാതിസമ്പാദിച്ചു ജനസമ്മതന്മാരായ മെഡിക്കൽ ആഫീസറന്മാർ ഉണ്ടായിരിക്കുമ്പോൾ അവരെ വിദേശങ്ങളിൽ പഠിക്കാനയച്ചു പ്രോത്സാഹിപ്പിക്കാതെ, ചികിത്സകളിലും ശസ്ത്രക്രിയകളിലും ജനങ്ങൾക്കു രക്ഷയും സമ്മതവുമില്ലാത്തവരെ പ്രത്യേകകാരണങ്ങളാൽ വിദേശങ്ങളിൽ അയച്ചുവരുന്ന നയത്തെപ്പറ്റി ആക്ഷേപിക്കാതിരിപ്പാൻ നിവൃത്തിയില്ല. ശീമയിൽ പോയിവന്നിട്ടില്ലെന്നുള്ള കാരണത്താൽ സ്ഥിരമായ നിലയിൽ ജോലിനടത്തിപ്പോരുന്ന മെഡിക്കൽ ആഫീസറന്മാർക്കു ഡിപ്യൂട്ടി സർജ്യന്മാരാവാൻ സാധിക്കയില്ലെന്നു വരുന്നതായാൽ അവർക്കു ഇച്ഛാഭംഗവും ജോലിയിൽ വെറുപ്പും നിരാശയും ഉണ്ടാകുന്നു.

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. A. Hoogewerf.]

സഹജവും ന്യായവുമാണ്. ചികിത്സാനൈപുണ്യത്തിൽ ശ്ലാഘ്യമായ നിലയെ പ്രാപിച്ചിട്ടുള്ള മെഡിക്കൽ ആഫീസറന്മാരെ തിരഞ്ഞെടുത്ത് വിദേശങ്ങളിൽ പഠിക്കാനയയ്ക്കുമ്പോൾ, വല്ല കാരണവശാലും അതിനു സമ്മതമില്ലാത്തപക്ഷം ഡിപ്യൂട്ടി സർജ്ജൻവേല ഒഴിവുവരുമ്പോൾ അതുപൊലുള്ള പകരിയെങ്കിലും അതിനു യോഗ്യതയുള്ള മദ്രാസ് മെഡിക്കൽ കോളേജിലെ പരീക്ഷാവിജയികൾക്കു കയറാമായികൊടുക്കയോ ചെയ്യേണ്ടതാണ്. ഓരോ മെഡിക്കൽ ഉദ്യോഗസ്ഥന്മാരും രോഗികളുടെ ചികിത്സയ്ക്കായി എത്ര ഫീസ് വാങ്ങിക്കാമെന്നുള്ളതിനെ വ്യവസ്ഥപ്പെടുത്തണം. ഇപ്പോൾ ഈ സംഗതിയിൽ ഒരു ക്രമപ്പെടുമില്ലാത്തതിനാൽ ജനങ്ങൾക്കു സങ്കടം നേരിട്ടുണ്ട്.

ഡർബാർഫിസിഷ്യന്റെ നക്കിട്ടുകളും മേൽ പരിശോധനകളും തൃപ്തികരമല്ലെന്നുള്ള ബഹുമാനപ്പെട്ട പാലേ മെമ്പറന്മാരുടെയും അഭിപ്രായങ്ങളോടു ഞാനും പൂർണ്ണമായി യോജിക്കുന്നു. ഡർബാർഫിസിഷൻ പ്രൈവറ്റപ്രാക്റ്റീസ് കിട്ടുമെന്നുള്ള പ്രദേശങ്ങളിൽ സഞ്ചിട്ടു പോകുകയും ആ അവസരങ്ങളിൽ മൂന്നോ നാലോ ആശുപത്രികളെ ഒരു ദിവസംകൊണ്ട് പരിശോധനകൾ നടത്തുകയും ചെയ്യുന്നതായാൽ, ആശുപത്രികളുടെ കാര്യക്ഷമതയോടുകൂടിയതരണം എങ്ങനെയിരിക്കുമെന്നുള്ളത് എല്ലാവർക്കും ഏറെക്കുറെ അനുമാനിക്കാവുന്നതാണ്.

PRESIDENT: Your time is up.

Mr. A. HOOGEWERF: Sir, I was one of Dr. Lakshmanan's first friends when he came to Travancore, and my family and I owe much to him for medical services rendered. I consider him one of the finest physicians and surgeons in Southern India and think that the State is having his services at half their real value. It is difficult to decide which way to act when friendship and duty stand in juxtaposition. To speak or not to speak, that was the question that vexed my mind during this discussion. I think that friendship and all personal interests must take a back seat when the people's interests have to be guarded. The present Darbar Physician is a great student of medicine and always tries to keep his mind young and up to date, both by study and practice. He has the run of all the hospitals in the State to keep up his practice both in surgery and medicine. What I want to say is that it is quite possible for the Darbar Physician to keep abreast of the times, without entering into the field of private practice along with his subordinates. There is a loud complaint that the several hospitals of the State outside Trivandrum are not inspected with that care and attention which they deserve, and that people outside the capital have not the opportunity of availing themselves of the services of such an eminent surgeon and physician as Dr. Lakshmanan. The Darbar Physician is first an administrative officer and a doctor only after that. His private practice will not only seriously impair the administration of the department, but create an unhealthy feeling among the departmental officers, particularly those in the Capital. His frequent inspection of hospitals in the mofussil will enable the medical officers in charge of these hospitals to consult him in important cases.

Next, in regard to the dearth of medicines in hospitals, I subscribe to every word that the member from South Travancore has just said.

LIBRARY ARCHIVES Kerala Legislative Assembly

It is a sort of eyewash that we get after six or seven months of the official year are past. If there is one thing more than another that our benign Sovereign has provided for us, particularly the poor among us, it is the large number of hospitals in the State and the dispensing of medicines *free, gratis and for nothing*. Even if the well-to-do cannot get the required medicines after a certain period of the year, the fate of the poor must be very deplorable. I appeal to you, Sir, particularly on behalf of the poor, to see that the people do receive the full benefits of the hospitals provided for them, that every step is taken to prevent leakage, if there is any, in the medicines supplied to the several hospitals, and that the paying or non-paying patients, both in and out of the hospitals, receive equal treatment at least in the medicines dispensed to them whether they be rich or poor.

MR. K. P. RAMAN PILLAI: Sir, personally I shall be very happy to see that the Government do not pass any orders prohibiting the Darbar Physician from practising as a physician. So long as the Darbar Physician remains hale and hearty, I think I need not care for my health.

As for the transfer of officers, I was carefully listening to the Darbar Physician here and thought that he would say that he transferred some of them by way of punishment. But I was sadly disappointed to hear that he had to make the transfers owing to some exigencies of service. I know a good number of medical officers and I may safely say that many of these require careful looking into, for they generally show a sort of indifference towards the poor patients that go to them. It has become a sort of hobby with them to hear symptoms mentioned by the patients with an air of indifference. I know instances when some of my medical friends keep up a lively talk with me and at the same time receive information and prescribe medicines. As a result of that, we find a good number of persons crowding in the mission hospitals. I may be allowed to give a personal experience. One fine morning, I was surprised to find many patients waiting at the railway station to catch the train; and on being questioned, they said that they were going to Nedungolam. There is a mission hospital there. In point of professional knowledge or experience, the gentleman at Nedungolam would not compare favourably with any officer posted at Quilon. Similarly, we see a rush in various mission hospitals at Nagercoil and elsewhere.

As for the dearth of medicines, I have myself had to purchase medicines, cotton, etc., but I never grumbled. My only point is that doctors might do well, if they anticipate any dearth, to insist upon well-to-do persons buying drugs at the beginning of the year, so that at the middle of the year they might not be compelled to ask other people to take chits to shops. The Darbar Physician will do well to issue some very confidential circulars to the effect that, when well-to-do persons go in for medicines, they might be given a chit for any common drug that may run short soon.

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. M. Nilakanda Pillai.]

I have heard about the manner in which the present Darbar Physician is inspecting the real work done by these practitioners. To me it appeared to be very sound; but on referring the matter to a medical friend, I found that there were one or two ways of defeating the Darbar Physician's objects. A number of chits are called for; it is possible to re-write these chits and improve upon the prescription that has already been made. That is to say, by going through the medical books on the subject, they might write the name of the proper drug on them and send them on to the Darbar Physician so that he might not be able to catch them, or they might change the actual disease, and write the name of some common disease and prescribe the drugs therefor. Therefore, for the information of Dr. Lakshmanan, I would say some practitioners would be trying to avoid him.

I oppose the motion.

MR. J. JOHN NIDIRY: Sir, I also oppose the motion; but I wish to add a word with regard to the Darbar Physician's circuit. We have a very useful surgeon and physician in our present Darbar Physician, and we who live in the mofussil are very jealous of his being always in Trivandrum. So, what I wish to bring before this Council is that, in all his inspection circuits, it would be advisable if he made it a point to stay two or three days in each station, so that his medical proficiency might be more widely availed of by all the subjects of His Highness the Maha Raja who contribute to the upkeep of the medical department.

MR. G. PARAMESVARAN PILLAI: Sir, I wish to make one observation in regard to the shortage in the supply of medicines in the hospitals. That requires very careful looking into. The motion that has been brought forward by Mr. Nilakanda Pillai is virtually one demanding a vote of censure upon the Darbar Physician. I would urge upon this House to carefully weigh all the statements that have come forward from the Darbar Physician himself in answer to Mr. Nilakanda Pillai's allegations, before deciding the question one way or the other. Under the circumstances, I for myself should think it desirable that Mr. Nilakanda Pillai now withdraws his motion.

MR. M. NILAKANDA PILLAI: Sir, as my friends desire it, I am willing to withdraw the motion.

PRESIDENT: It is for you to decide, in the first instance, whether you should withdraw or not.

MR. M. NILAKANDA PILLAI: I like to withdraw it, but before doing that I should like to say a few words. I have the greatest admiration for Dr. Lakshmanan as a physician and surgeon and I have no reason to have any professional jealousy, because he is the rich man's doctor and I am the poor man's doctor. It is only a sense of my responsibility that induced me to speak what I said a few minutes ago in the Council. You remarked that I made some defamatory statements,

LIBRARY ARCHIVES Kerala Legislative Assembly

PRESIDENT: You cannot call my ruling into question. You can place facts before the Council.

MR. M. NILAKANDA PILLAI: These are the facts. I find from the *History of Services* that in one year one medical man had 7 transfers, that in the succeeding year he had 9 transfers, and so on. That made me express those observations. I understand that there is a scarcity of drugs in the General Hospital and other hospitals throughout the State. I know several patients coming with prescriptions from the different hospitals of the town even for ordinary drugs, which plainly shows the want of necessary drugs in these institutions.

I do not object to the Darbar Physician's practice. What I submitted before the House was that he should have consultation practice only and not private practice. There are several medical men in the department. When they go to him for consultation, there is not the least objection to his rendering services when his services are absolutely necessary. But he should not go and compete with his subordinates. That is why I understand these poor men get several transfers a year.

PRESIDENT: I again object to that.

MR. M. NILAKANDA PILLAI: If so, I have nothing more to say. I sit down.

DEWAN BAHADUR DR. P. N. LAKSHMANAN: Sir, first in regard to the supply of medicines, soon after I took charge, I found that there was a shortage of medicines. This was due to the faulty system of calculating the quantity of medicines required, according to which the calculation was made thus, *viz.*, the quantity of medicine expended during the past year, *plus* 50 per cent., *minus* the balance. Even that was not sufficient for the year for which it was supplied, for, in the course of my inspection, I found that, in certain mixtures, for example in regard to *quinine mixture*, only two grains or less of *quinine sulphate* in an ounce of mixture for an adult was actually being given. This dose is less than half the ordinary dose and not therefore capable of producing the desired result. I therefore questioned the compounder what he meant by giving such subminimal doses, and pointed out to him that though, on account of the taste, the patient might not discover the defect, the curative result would be practically *nil*. I had to take the medical officer to task and tell him: "Either say there is no medicine or do not give the improper thing". He said: "We could not help it, Sir, for we have come to the end of our tether in the stock". Thereafter I had to revise the system of calculating the quantity of medicines required for each institution. The system of calculating the quantity of each drug is not an easy matter. Each of the tickets issued to the out-patients and the in-patients has to be taken and each drug prescribed in it has to be noted down and calculations made from it. I think it took six months for the medical officers to send that information. Since then, on that information, the quantity of medicines required has been indented for and supplied. Nay, more. Medical officers are generally given the quantity they ask for. I do believe that some of them are

LIBRARY ARCHIVES Kerala Legislative Assembly

[Dewan Bahadur Dr. P. N. Lakshmanan.]

up to tricks of some kind, and when I did suspect such a mistake, I always told them: "It is better that you do not give any medicine than give small doses which will have no effect, because we are allopathists and doses are based on experimental data and clinical experience."

With regard to promotions, I believe Mr. Kumara Pillai was referring to two Madras graduates. I am afraid I cannot answer him on that matter, because it is in the hands of Government. The matter is still under consideration. I presume Mr. Kumara Pillai referred to the case of Dr. K. P. Raman Pillai and Dr. Ravi Varma, the two men who had gone to and have returned from England.

MR. T. KUMARA PILLAI: I shall have a private conversation with the Darbar Physician in the matter.

PRESIDENT: You should give him the names, so that he may have the chance to reply. I suppose his presumption is correct.

MR. T. KUMARA PILLAI: I have no objection to give out the names, if necessary.

PRESIDENT: It is necessary in fairness to the Darbar Physician.

MR. T. KUMARA PILLAI: One of the officers I referred to was Mr. John, who was in charge of the Thuckalai Hospital. I think he has been sent to England. The other medical officer is Mr. N. K. Krishna Pillai who has not gone to England, but who is at Nagercoil and who has a very wide practice.

DEWAN BAHADUR DR. P. N. LAKSHMANAN: I am afraid that Mr. Kumara Pillai is entirely mistaken. Mr. John was given only study leave to which he is entitled, and *not* a scholarship. This leave is granted in all scientific departments. Mr. John had applied twice for study leave, but Mr. N. K. Krishna Pillai, though advised to take advantage of study leave to specialise, declined to do so because of his aged father. It is true that, soon after I took charge, I sent out a circular asking for what subjects each medical officer had a special aptitude. Soon after that, I sent another circular asking whether the medical officers possessed any library and what that library consisted of, and whether they got down any journal. From the information I received, I was able to gather that 72 per cent. of them had not been getting any journal whatsoever. The majority of them possessed no books beyond what they had read in the Medical College as students. A few had not even their text-books with them. I had to keep an eye on these people. From time to time, by issuing various circulars and otherwise, I had to keep watch over them and try to improve their mental attitude towards the practice of their profession. After all, it is not by mere examination tests that a man can be selected for promotion. All scientists know that, unless a man has got the spirit of science in him, he cannot expect to come up and make

LIBRARY ARCHIVES Kerala Legislative Assembly

headway in his branch of study and work. It is the spirit of science that we want in these people. It is not every man that possesses the real spirit of science. To go up for higher branches of study the man selected must be one possessing that spirit.

As regards my inspection, whenever I go and inspect hospitals, my first point is to ask the medical officer about the diagnosis of the diseases of patients in their wards. I enquire what is this case and what is that and have talks on some of those cases. If the medical officer told me that there was a case for operation, I went and helped him. Mr. John asked me to go to Thuckalai for an operation and I went and performed the operation.

As regards the fees to be fixed for medical officers of different grades, I propose to write to Government on the subject and I daresay that orders will be passed by Government.

As regards the dearth of medicines referred to by Mr. Hoogewerf, I have already given my reply.

Mr. K. P. Raman Pillai states that he found sympathy wanting in medical officers in Government service. I quite agree with him in that. This is true in many cases. It is not long ago that I had to send a confidential circular asking them to try their best, at least hereafter, to protect their own skins in these democratic days, to be more kind and sympathetic towards patients, and also to advise their subordinates and servants to deal kindly with patients, having always in view the object and spirit with which hospitals have been established. Beyond that, I cannot advise these people. It is all a matter of personal factor and moral training.

In regard to the chits to which Mr. Raman Pillai referred, I do not know whether any medical officer has taken me in. I can show a few clinical medical sheets from the highest to the lowest medical officer. I shall just give an account as obtained from these sheets. Here is a sheet of a patient. From the clinical sheet I found that the patient had not been examined before he was brought to the table for operation. The diagnosis on the sheet showed that no attempt was made for a correct diagnosis of the disease. He was chloroformed and operated on, and while the operation was in progress, he died on the table, not as a result of chloroform, but as a result of the operation. The medical officer concerned has been called upon to explain.

Here is another sheet I take up at random, in which I find it recorded that the patient was treated and cured, in eighteen days, of a disease for which no doctor in the world would claim the credit of cure even after five years' regular treatment on up-to-date lines. I have a bundle with me of such sheets and, if necessary and given the time, I shall read every one of them.

In regard to Mr. Nidiry's observation that the Darbar Physician hould camp at a station for two or three days, I may say that, if the

LIBRARY ARCHIVES Kerala Legislative Assembly

[Mr. K. P. Raman Pillai.]

Darbar Physician knew that there were cases requiring his attention at a particular station, he would be glad to remain there. But if he is not wanted there, there is no use in his remaining there idle.

MR. J. JOHN NIDIRY: My point is that, if the Darbar Physician's programme is published, I do not think he would find his time without work.

PRESIDENT: Do you want a programme of tour as to when the Darbar Physician comes to a station and when he goes from it? I think that will defeat the very object of inspection.

DEWAN BAHADUR DR. P. N. LAKSHMANAN: One point more. Much has been said about the Darbar Physician's professional practice. I must say that, for the last twelve years, I have confined myself mainly to consultation practice. It must be understood what consultation practice is. There is difference between one in consultation practice and another in general practice, as there is between a barrister and a solicitor. Many people here do not seem to understand the difference. With the exception of some special cases, I have made it a general rule, whenever a man comes to me not through a practitioner but directly, to ask him whether he had any medical practitioner attending upon him and, if so, to take his card or a letter from him to me. If he had no general practitioner in attendance on him I advised the person calling on me to go and get some practitioner of some sort to see him and ask him to see me or to write to me. At least nominally this has to be done—*namka vastha*, as they say in Hindustani. The consultant supplements the aid of a general practitioner but cannot supplant him.

It is now twelve years since I gave up a general practitioner's work. I am not going to work like a jutka-pony, and whatever may be the sphere of my activity, I shall always continue to be a consultant.

The motion was, by leave, withdrawn.

Motion 145.

MR. K. P. RAMAN PILLAI: Sir, the motion that stands in my name is for the reduction of Rs. 100 from the total allotment for the Medical Department. My object in sending up the motion was to congratulate the Government on the departure they have made in elevating Dr. Lakshmanan to the post of the Darbar Physician.

PRESIDENT: Are you going to move the motion?

MR. K. P. RAMAN PILLAI: I think I have practically spoken all that I have to say in my previous speech, and I, therefore, do not make this motion.

The following motion was, therefore, not made.

LIBRARY ARCHIVES Kerala Legislative Assembly

MR. K. P. RAMAN PILLAI:

145. To reduce the total allotment of Rs. 5·20 lakhs under Demand XVII by Rs. 100.

PRESIDENT: The question is that Government be granted a sum not exceeding Rs. 5·20 lakhs under Demand XVII—Medical Department.

The motion was carried and the grant made.

Demand XVIII-Chemical Examiner, Ayurveda and Sanitation.

MR. R. KRISHNA PILLAI: Sir, I move for a grant not exceeding Rs. 1:30 lakhs under Demand XVIII—Chemical Examiner, Ayurveda and Sanitation.

***Motion* 146.**

MR. K. C. MAMMEN MAPPILLAI: Sir, I beg to make the following motion:

146. To reduce the allotment of Rs. 5,027 for Direction—Ayurveda—by Rs. 1,000.

My object in moving this is to suggest the desirability of forming an advisory committee composed of eminent Ayurvedic physicians like Vaikara Mussatu to help the gentleman in charge of the Ayurvedic department. Our country is famous for its hereditary Ayurvedic physicians; and if their skill should be more usefully utilised, I think the department might become more acceptable to the people at large. It is merely to make this suggestion that I have brought forward this motion.

PRESIDENT: Do you press your motion?

MR. K. C. MAMMEN MAPPILLAI: I do not press it.

The motion was, by leave, withdrawn.

***Motion* 147.**

MR. T. K. VELU PILLAI: Sir, I beg to make the following motion:

147. To reduce the allotment of Rs. 25,446 for the Ayurveda Department by Rs. 10.

I need hardly say that my object in bringing forward this motion is to place before this Council certain features regarding the work of the Ayurveda Department. Sir, we find that, for the allopathic department, a sum of Rs. 6·47 lakhs is allotted every year, while for the Ayurveda Department only Rs. 39,390 is sanctioned. I do not propose to say that the expenditure on both these departments should be the same. Allopathy pursues a system which is in vogue throughout the world. Our hospitals are 60 or 70 years old. The department is presided over by an officer of very high status—I would say, with a South Indian reputation. It may not be possible to raise the new department to the level of the allopathic department all at once. But, Sir, we have got to place certain ideals before us. Allopathy is certainly a successful

LIBRARY ARCHIVES Kerala Legislative Assembly